

Exhibit “B”



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Department of State: Division of Corporations

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Frequently Asked Questions

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The entity information provided on this website, free of charge, consists of the entity name, file number, incorporation/formation date, registered agent name, address, phone number and residency.

However, additional information can be obtained for a fee.

If you would like to order a Certificate of Status, Certified Copy of a filed document or a Plain Copy of same, please contact a Delaware online agent. Please [click here](#).

For more information please read the [Frequently Asked Questions](#) page.

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Enter search text below:

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NYS Department of State

Division of Corporations

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Exhibit “C”



Preferred Medication List 2007

Printed: December 2006

HOW TO USE YOUR FORMULARY

DEVELOPMENT OF THE DRUG FORMULARY

The Drug Formulary is the cornerstone of drug therapy quality assurance and cost containment efforts. The Drug Formulary process has been successfully used by hospitals and managed care organizations to provide comprehensive, cost-effective pharmacy services.

The Drug Formulary document was developed by the DAKOTACARE Pharmacy and Therapeutics Committee (P&T Committee). This committee, composed of physicians from various medical specialties, reviewed the medications in all therapeutic categories based on safety, effectiveness, and cost and selected the most cost-effective agent(s) in each class.

Formulary development and maintenance is a dynamic process. The P&T Committee will regularly review new and existing medications to ensure the Formulary remains responsive to the needs of our members and providers. Information on updates to the Formulary during the calendar year will be made available by newsletter notification and on the DAKOTACARE website at www.DAKOTACARE.com.

The prescription medications which are included on the DAKOTACARE Drug Formulary may be amended by DAKOTACARE at any time without notice to the member.

As you use the Formulary, we invite your suggestions to improve the format or content. Thank you for your cooperation.

DRUG FORMULARY MEDICATIONS

The Drug Formulary is a listing of medications marketed at the time of the Formulary printing and intended for use by the health plan physicians and pharmacy providers. Unless exceptions are noted, all forms (tablet, capsule, liquid, and topical) and strengths of a drug product are included in the Formulary and will be covered by the plan.

The Drug Formulary primarily applies to prescription medications dispensed to outpatients by participating pharmacies; however, it may apply to medications obtained from and/or administered by a physician. The Formulary does not apply to inpatient medications.

The Drug Formulary on this website is comprised of the top eight hundred (800) most prescribed drugs from Express Scripts Incorporated (ESI) Managed Care Division which includes DAKOTACARE. For medications not listed, please reference the formulary lookup tool to determine whether a specific medication is formulary or non-formulary or contact ESI customer service at 1-877-212-9529.

Non-Prescription Medication (OTC) Policy

Over-the-counter (OTC) products are not covered, but some are listed for informational purposes. (When available, non-prescription products may be less costly to the member than a covered product.) Also, if a prescription product is available in the identical strength, dosage form, and active ingredient(s) as an OTC product, the prescription product will not be covered. In these instances, physicians and pharmacists should refer members to the OTC equivalent product. If the member or physician insists on the prescription equivalent product, the member must pay the entire cost of the prescription.

"Lifestyle"/Group II drugs
Tier 1 = generics
PAR = Prior Authorization Required

Generic substitution required (highlighted in green*)
Tier 2 = formulary brand
QL = Quantity Limit

Generic available [listed in red (M)]
Tier 3 = non formulary brand
ST= Step Therapy Program



EXPRESS SCRIPTS®

2007 Express Scripts High Performance Formulary

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: The symbol * next to a drug signifies that it is subject to nonformulary status when a generic is available throughout the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

A	brimonidine tartrate bupropion, sr butalbital/apap/ caffeine BYETTA [INJ]	D	G	L	neomycin/polymyxin/ dexamethasone neomycin/polymyxin/hc NIASPAN nifedipine er nitrofurantoin macrocrystal nizatidine nora-be nortrel NOVAREL [INJ] NOVOFINE 30 NOVOLIN vials only [INJ] NOVOLOG vials only [INJ] nystatin nystatin w/triamcinolone
ABILIFY (excluding Discmelt & solution) acetaminophen w/codeine acetazolamide ACTIVELLA ACTIONEL, WITH CALCIUM acyclovir ADDERALL XR* ADVAIR DISKUS albuterol ALPHAGAN P aluminum chloride amantadine aminophylline amitriptyline ammonium lactate amox tr/potassium clavulanate amoxicillin antipyrine w/benzocaine apri aranelle ARANESP [INJ] ARICEPT ASACOL ASCENSIA AUTODISC ASCENSIA BREEZE ASCENSIA CONTOUR SYSTEM ASCENSIA ELITE, XL ASTELIN atenolol, -chlorthalidone AVANDAMET AVANDIA AVELOX aviane AVODART azathioprine azithromycin	C camila CANASA captopril, /hctz carbamazepine carisoprodol cefadroxil cefepodoxime cefprozil cefuroxime CELEBREX [ST] CELLCEPT cephalexin cesia chloral hydrate chlorzoxazone cholestyramine choline mag trisalicylate chorionic gonadotropin [INJ] ciclopirox cilostazol cimetidine CIPRO HC CIPRODEX ciprofloxacin citalopram clarithromycin clindamycin phosphate clobetasol propionate clomiphene citrate clonidine hcl clotrimazole/ betamethasone clotrimazole troche colestipol COMBIVENT COREG* CREON CRESTOR [ST] cromolyn sodium cryselle cyclobenzaprine hcl cyclosporine, modified CYMBALTA [SNRI][ST]	DEPAKOTE desmopressin acetate desonide desoximetasone dextroamphetamine sulfate diclofenac sodium dicyclomine hcl diflunisal diltiazem, extended release DIOVAN [ST] diphenhydramine dipyridamole DITROPAN XL* doxepin hcl	gabapentin GANIRELIX ACETATE [INJ] gemfibrozil gentamicin sulfate glimepiride glipizide, er, xl GLUCOMETER DEX GLUCOMETER ELITE GLUCOMETER ENCORE glyburide, micronized glyburide/metformin guaifenesin w/pseudoephedrine	labetalol hcl lactulose lamotrigine leena lessina leucovorin leuprolide acetate [INJ] LEVEMIR vials only [INJ] LEVITRA levora levothyroxine sodium LEVOXYL lisinopril, /hctz lovastatin low-ogestrel LUMIGAN lutera	O ofloxacin ogestrel OMACOR omeprazole orphenadrine citrate oxybutynin chloride oxycodone w/acetaminophen OXYCONTIN
B	benazepril, /hctz BENICAR [ST] benzonatate benzoyl peroxide betamethasone BETASERON [INJ] bisoprolol fumarate/hctz BRAVELLE [INJ]	F famotidine felodipine er fentanyl citrate fexofenadine FINACEA finasteride fluconazole fluocinonide fluorouracil fluoxetine hcl fluticasone nasal spray fluticasone propionate fluvoxamine maleate folic acid FORADIL FORTEO [INJ] fosinopril, /hctz	H haloperidol HUMIRA [INJ] hydrochlorothiazide hydrocodone w/guaifenesin hydrocodone/ acetaminophen hydrocortisone hydroxyurea hyoscyamine sulfate	M meclizine hcl medroxyprogesterone acetate megestrol meloxicam MENEST MENOPUR [INJ] mercaptopurine MERIDIA* METADATE CD* metaproterenol metformin, er methocarbamol methotrexate methylphenidate hcl methylprednisolone metoclopramide hcl metolazone metoprolol, hctz metronidazole cream microgestin, fe mirtazapine, soltab mometasone mononessa morphine sulfate	P paroxetine peg 3350/electrolyte PEGASYS [INJ] penicillin v potassium PENTASA perphenazine phentermine hcl phenytoin sodium, extended PHOSLO pilocarpine hcl PLAVIX* polymyxin b sul/ trimethoprim portia PRANDIN pravastatin PRECISION SURE DOSE prednisolone acetate prednisolone sodium phosphate prednisone
			I ibuprofen imipramine IMITREX* indomethacin INNOPRAN XL ipratropium bromide isotretinoin itraconazole	N nabumetone naproxen NASONEX necon	
			J jolivette junel, fe		
			K kariva kelnor ketoconazole		

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2007 THROUGH DEC. 31, 2007. THIS LIST IS SUBJECT TO CHANGE.

The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand-name medication. Most generics are available at the lowest copayment.

You can get more information and updates to this document at our web site at www.express-scripts.com.

PREGNYL [INJ]	temazepam
PREMPHASE	TESTIM
PREMPRO	theophylline,
previfem	anhydrous, er
PROAIR HFA	thioguanine
prochlorperazine	thioridazine hcl
PROCRT [INJ]	thiothixene
promethazine hcl	thyroid
promethazine w/codeine	timolol maleate
promethazine w/dm	tobramycin sulfate
PROMETRIUM	TOPAMAX
propranolol hcl, w/hctz	TOPROL XL*
PROTOPIC [ST]	trazodone hcl
PROVENTIL HFA	tretinoin
pseudoephedrine	triamcinolone acetonide
w/chlorpheniramine	trifluoperazine hcl
PULMICORT	TRIGLIDE
	trimethobenzamide
	trimethoprim
	trinessa
	tri-previfem
	tri-sprintec
	trivora
	TRUSOPT
	TWINJECT [INJ]

Q

quinapril
quinaretic
QVAR

R

ranitidine	<u>U</u>
REBIF [INJ]	
reclipsen	UNIPHYL
RENAGEL	urea
REPRONEX [INJ]	UROXATRAL
ribasphere	URSO, FORTE
ribavirin	
rimantadine	<u>V</u>
RISPERDAL	
(excluding M-tabs)	velivet

S

SAIZEN [INJ]	VOLTAREN ophthalmic
salsalate	XYTORIN [ST]
selenium sulfide	
serophene	W
SEROQUEL	
sertraline	warfarin
simvastatin	
SINGULAIR [ST]	X
SKELAXIN*	
sodium sulfacetamide/ sulfur	XENICAL

St

STRATTEA [ST]
STRATTERA [ST]
SULAR [ST]
sulfacetamide sodium
sulfasalazine
SYMLIN [INU]

7

TAMIFLU
tamoxifen
TAZORAC
TEGRETOL XR

temazepam
TESTIM
theophylline,
 anhydrous, er
thioguanine
thioridazine hcl
thiothixene
thyroid
timolol maleate
tobramycin sulfate
TOPAMAX
TOPROL XL*
trazodone hcl
tretinoin
triamcinolone acetonide
trifluoperazine hcl
TRIGLIDE
trimethobenzamide
trimethoprim
trinessa
tri-previfem
tri-sprintec
trivora
TRUSOPT
TWINJECT [INJ]

U

UNIPHYL
urea
UROXATRAL
URSO, FORTE

V

velivet
 venlafaxine
 VENTOLIN HFA
 verapamil hcl
 VOLTAREN ophthalmic
 VYTORIN [ST]

H

warfarin

x

XENICAL

 \mathbb{Z}

ZADITOR
ZETIA
ZOFRAN, ODT*
ZOMIG, ZMT
zovia
ZYLET
ZYMAR
ZYPREXA
(excluding Z

(excluding Zydis)

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary.

Column 1 lists examples of nonformulary medications.
Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACCOLATE	Singular [ST]	HYZAR	Benicar [ST] + hctz, Diovan [ST] + hctz
ACCU-CHEK	Ascensia/Glucometer	IOPIDINE	brimonidine tartrate, Aphagan P, Trusopt
ACEON	Generic Ace Inhibitor	ISTALOL	tridol maleate
ACOPHEX	omeprazole	KETEX	claritromide
ACTOPUS met	Avandamet	KYTRIL	Zofran [®]
ACTOS	Avandia	LAMISIL tabs	itraconazole
AGULAR, LS, PF	Voltear Ophthalmic	LANTUS	Levemir vials
ADICOR	lovasatin+Niacin, Niaspan	LESQUEL, XL	lovasatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]
ADVOBID	Pulmicort, Qvar	LEVAGUIN	ciprofloxacin, ofloxacin, Avelex
ADGENTRO	aspirin+diethylene diamine	LEVEMIR flexpen	Levemir vials
ALAMAST	cromolyn sodium, Zaditor	LEXAPRO	citalopram (immediate release)
ALLEGRA	fezolnadine	LEXCEL	enalapril+generic CCB
ALLEGRA-D	loratadine-d	LIPITOR	lovasatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]
ALLOCRIL	cromolyn sodium, Zaditor		
ALOR-D	cromolyn sodium, Zaditor		
ALORA	Generic patches	LOFIBRA	gemfibrozil, Triglide
AUREX	Generic steroids	LOTREL	Generic Ace Inhibitor + CCB
ALTACE	Generic Ace Inhibitor	LONGEST	Sonata
ALTAPREV	lovasatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]	MAVIX	Generic Ace Inhibitor
		MAXAIR AUTOHALER	Proair HFA, Proventil HFA, Ventolin HFA
AMBIEN, CR	Sonata	MAXALT, MLT	Imitrex [®] , Zomig/ZMT
AMERGE	Imitrex [®] , Zomig/ZMT	MAXAQUIN	ciprofloxacin, ofloxacin, Avelex
ANDRODERM	Testim	MENSTRON	Generic patches
ANDROGEL	Testim	METAGIP	glucicid-mefenform
ANTARA	gemfibrozil, Triglide	METROCREAM, GEL LOTION	metronidazole
ANZEMET	Zofran [®]	MICALCIN nasal	fortical, Actonel
APIDRA	Novolog vials	MICARDIS	Benicar [ST], Diovan [ST]
ASMANEX	Pulmicort, Qvar	MICARDIS HCT	Benicar [ST] + hctz, Diovan [ST] + hctz
ATACAND	Benicar [ST], Diovan [ST]	MOBIG	metoprolol
ATACAND HCT	Benicar [ST] + hctz, Diovan [ST] + hctz	MUSE	Edex, Levitra
AUGMENTIN XR	amox/tripotassium clavulanate	NASACORT AQ	fluticasone nasal spray, Nasonex
AVAILDE	Benicar [ST] + hctz, Diovan [ST] + hctz	NASAREL	fluticasone nasal spray, Nasonex
AVAPRO	Benicar [ST], Diovan [ST]	NEVANAC	Voltear Ophthalmic
AVITA	Intuniv	NEJAM	omeprazole
ASERT	Imitrex [®] , Zomig/ZMT	NORADROPIN	Saizen
AZELEX	tretinoin	NOROXIN	ciprofloxacin, ofloxacin, Avelex
AZMACORT	Pulmicort, Qvar	NORVASC	felodipine er, nifedipine er, Sular [ST]
AZOPT	Generics, Aphagan P, Trusopt	NORVASC cartridge,	Novolin vial
BECONASE AQ	fluticasone nasal spray, Nasonex	pen, syringe	
BETACORT HCT	Benicar [ST] + hctz, Diovan [ST] + hctz	NAVOLUG cartridges,	
BENZACLIN	benzoyl peroxide + clindamycin	pen, syringe	
BETIMOL	betaxolol, timolol, other generics	NUTROPIN	Novolog vial
BIAXIN, XL	clarithromycin	OMNICEF	
CADUET	Actone	ONETOUGH	amox/tripotassium clavulanate
	CCB + HMG combination - CCB - felodipine er, nifedipine er, Sular [ST], HMG - simvastatin, Crestor [ST]	OPTIVAR	Ascensia/Glucometer
		ORTHO EVRA	cromolyn sodium, Zaditor
CARDINE SR	nifedipine er, felodipine er, Sular [ST]	ORTHO TRI-CYCLEN LO	Generic oral contraceptive
CARDIZEM LA	nifedipine er	OTIVREL	Generic oral contraceptive
CARDIJECT	clizidine er	OUTYROL	chromic gonadotropin, Novarel
CEDAX	Edex, Levitra	PATNOL	oxybutynin, Ditropan XL [®]
CELEXA	amox/tripotassium clavulanate	PAGIL, CR	cromolyn sodium, Zaditor
CENESTIN	citalopram	PEXIL, INTRON, REDIPEN	paroxetine, citalopram, fluoxetine (daily)
CETRODINE	Menest	PLEKXON, SCT, TS	Pegaspis
CIALIS	Canarelx Acetate	PRABACHOL	sulfacetamide sodium/sulfur sublimed
CIPRO XR	Levitra	PREDICISION QID,	pravastatin
CLARINEX-D	ciprofloxacin, ofloxacin, Avelex	PCX, SOF-TACT	Ascensia/Glucometer
CLIMARA	loratadine-d	PREFEST	Activella, Prempro/Premphase
CLIMARA PRO	estradiol tabs	PREMARIN	Menest
COLZALA	Estradiol patch+Progesterin	PREVADID	omeprazole
COMBIPATCH	Ascoel, Pentase	PRILISEC	omeprazole
CONCERTA	Estradiol patch+Progesterin	PROSCAR	finasteride
COSOPT	methylphenidate, Metadate CD [®]	PROTONIX	omeprazole
COVEKA-HS	brimonidine tartrate, Aphagan P, Trusopt	PROTOPIN	Saizen
CULICIDE	verapamil er	PROTAG WEEKLY	fluoxetine (daily), citalopram, paroxetine
DETROL, LA	Benicar [ST], Diovan [ST]	QUININ	ciprofloxacin, ofloxacin, Zymar
DIDRONEL	oxybutynin, Ditropan XL [®]	RELENZA	rimaquinol, Tamiflu
DIFERIN	Actonel	RELAX	Imitrex [®] , Zomig/ZMT
DIYAN HCT	tretinoin	RESTORIN	metopram
DIPRINTON	Benicar [ST] + hctz, Diovan [ST] + hctz	REJIN-A MICRO, liquid	tretinoin
DURAGESIC (excl 12mcg/hr)	Ascoel, Pentase	REINOCORT AQUEA	fluticasone nasal spray, Nasonex
DYNACIR, CR	fentanyl citrate	RISPERDAL M-TAB	Risperdal (non M-Tabs)
EFFEXOR XR	nifedipine er, felodipine er, Sular [ST]	RITALIN LA	methylphenidate, Metadate CD [®]
EFFEXOR XR	venlafaxine	ROZEREM	Sonata
ELESTAT	Cymbalta [SNRI] [ST]	RYNATAN	Generic antihistamine/decongestants
ELIUEL	cromolyn sodium, Zaditor	SANCTURA	oxybutynin, Ditropan XL [®]
EMADINE	Protopie [ST]	SEREVENT DISKUS	Foradil
ENABLEX	cromolyn sodium, Zaditor	SKELID	Actonel
ENJUVIA	oxybutynin, Ditropan XL [®]	SPORANOX cap, kit	itraconazole
EPOGEN	Menest	STARLIN	Prandin
ESTRADERM	Aranesap, Proair	SUPRAF	amox/tripotassium clavulanate
ESTRASORB	Generic estradiol patches	SYNISC	supartz, Euflexa
ESTRATREL, H.S.	Generic estradiol patches	TARKA	verapamil+ generic ACE Inhibitor
FACTIVE	synstat d.s., h.s.	TEVETEN	Benicar [ST], Diovan [ST]
FAMVIR	Generic estradiol patches	TEVETEN HCT	Benicar [ST] + hctz, Diovan [ST] + hctz
FEMHRT	ciprofloxacin, Avelex	TOBRADLEX	Saizen

KEY

The symbol (G) next to a drug name indicates that a generic is available for at least one or more strengths of the brand-name medication.
 The symbol (I) next to a drug name indicates that the drug is available in injectable form only.
 The symbol (S) stands for Serotonin-Norepinephrine Reuptake Inhibitor.
 The symbol (ST) next to a drug name indicates that Step Therapy may apply to some or all strengths of the drug.
 For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
 For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.
 Brand-name drugs are listed in CAPITAL letters.
 Generic drugs are listed in lower case letters.

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2007 THROUGH DEC. 31, 2007. THIS LIST IS SUBJECT TO CHANGE.

The symbol (G) next to a drug name signifies that a generic is available for at least one or more strengths of the brand-name medication. Most generics are available at the lowest copayment.

You can get more information and updates to this document at our web site at www.express-scripts.com.

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DAKOTACARE ACCESS:



FOR MEMBERS



FOR EMPLOYEES



FOR PROVIDERS



FOR AGENTS

NEWSROOM

Business Profile

Corporate Name:

South Dakota State Medical Holding Company, Inc.

Incorporated as South Dakota Physicians Health Group in March 1985

Subsidiary Companies:

DAKOTACARE Administrative Services, Inc. (100% owned)

DAKOTACARE Insurance, Ltd. (100% owned)

DAKOTACARE began in 1986 as South Dakota's largest and only statewide HMO.

DAKOTACARE and its subsidiaries employ approximately 130 persons in its home office in Sioux Falls and branch office in Webster, SD.

DAKOTACARE's statewide presence is emphasized through over 80 sales agents in 34 sales offices in 20 South Dakota communities.

DAKOTACARE and its subsidiaries have over \$34 million in total statutory assets and statutory net worth of over \$19 million, with annual combined revenues in excess of \$90 million.

DAKOTACARE and its subsidiaries serve over 110,000 members in South Dakota and across the nation. DAKOTACARE and its subsidiaries maintain an HMO license in South Dakota and Third Party Administrator licenses in 10 states.

All DAKOTACARE's healthcare products include access to the only comprehensive statewide provider network that contains over 2,500 medical providers. This network includes over 98% of the state's physicians, all its hospitals and over 98% of its pharmacies. It also includes many other types of providers such as psychologists, chiropractors, optometrists, surgical centers, DME and home health suppliers, treatment centers, to name a few. DAKOTACARE also contracts with several other national and regional health networks offering access to 420,000 providers, over 5,000 facilities and more than 57,000 pharmacies nationwide.

Disease Management

- Prenatal Partners
- Taking Care
- Integrated Diabetes Cares
- Heartline
- Asthma Care

Voluntary Markets

- Cancer *
- Supplemental Life*
- Critical Illness*
- Life*
- Accident*
- Long Term Care*

*Insurance coverage underwritten by carrier other than DAKOTACARE

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SD

5/4/2007 10:44 AM

Exhibit “D”

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

----- X
CENTRAL STATES, SOUTHEAST AND :
SOUTHWEST AREAS HEALTH AND WELFARE :
FUND, Individually and on behalf of all others :
similarly situated, :
:

Plaintiffs, :

v. :

PFIZER INC. and PHARMACIA CORPORATION, :

Defendants. :
----- X

Civil Action No. _____

**DECLARATION OF
SANDRA MORGAN**

STATE OF NEW YORK)
) ss:
COUNTY OF NEW YORK)

I, Sandra Morgan, being of full age hereby declare:

1. I have been employed by Defendant Pfizer Inc. ("Pfizer") since 2000 and I am currently the East Area Vice President for Account Management within the Managed Markets group. Prior to my current position, from 2003-2005, I was Senior Director for National Accounts. The following statements are within my personal knowledge and, if sworn as a witness, I could and would testify competently thereto.

2. Paragraph 44 of the complaint filed in the above-captioned action on April 5, 2007, seeks relief on behalf of "[a]ll Third-party payors in the United States of America, who have paid any person or entity for the purchase of the prescription drugs Bextra and Celebrex since 1999" and defines "Third-party payors" as "any non-governmental entity that is (i) a party

to a contract, issuer of a policy, or sponsor of a plan, which contract, policy, or plan provides prescription drug coverage to natural persons, and is also (ii) at risk, pursuant to such contract, policy, or plan, to purchase or pay for all or part of the cost of prescription drugs dispensed to natural persons covered by such contract, policy, or plan.”

3. Based on that definition of “Third-party payors,” there are well in excess of 100 “Third-party payors” in the United States who have made payments with respect to all or part of the cost of Celebrex and/or Bextra pursuant to health plans providing for prescription drug coverage since 1999.

4. “Third-party payors,” as defined in the aforementioned complaint, located in New Jersey have made payments with respect to Celebrex and/or Bextra totaling significantly more than \$5 million since 1999.

5. “Third-party payors,” as defined in the aforementioned complaint, located throughout the United States have made payments with respect to Celebrex and/or Bextra totaling significantly more than \$100 million since 1999.

I declare under penalty of perjury that the foregoing is true and correct. Executed on May 3, 2007.


Sandra Morgan